

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 7046 OF 7051  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>MOVEON.ORG POLITICAL ACTION</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00341396		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY   /   /   </div> <div>MM / DD / YYYY   /   /   </div> </div>		

  

Full Name of Payee <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 50 W 17th St Fl 9			Amount 25447.50		
City New York	State NY	Zip Code 10011	Transaction ID : <b>SE.46649</b>		
Purpose of Expenditure Phones		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate BRUCE L BRALEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 118150.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 50 W 17th St Fl 9			Amount 25447.50		
City New York	State NY	Zip Code 10011	Transaction ID : <b>SE.46650</b>		
Purpose of Expenditure Phones		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate KAY R HAGAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 59758.05			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	50895.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Tom Matzzie

Signature  
 \_\_\_\_\_

[Electronically Filed]

Date  
 MM / DD / YYYY  
 03 / 10 / 2015